

L19000103057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

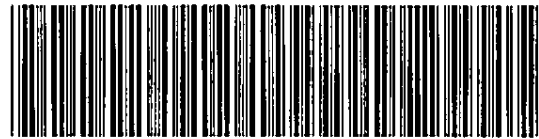
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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19 APR 22 PM 3:50
SECURITY
TALLAHASSEE, FLORIDA

N CULLIGAN

4/23/19

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Cardanes LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Doris Cividanes-Carter

Name of Person

Firm/Company

7503 SW 97th Terrace Road

Address

Ocala, FL 34481

City/State and Zip Code

doris.stonecreek@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doris Cividanes-Carter at (352) 304-9984
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2019

DORIS CIVIDANES-CARTER
7503 SW 97TH TERRACE ROAD
OCALA, FL 34481

SUBJECT: CARDANES LLC
Ref. Number: W19000030550

We have received your document for CARDANES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 319A00006059

RECEIVED

2019 APR 22 PM 3:01

SECRET
FALLEN
MAY 1 2019

4-12-19
"Name"
Has letter
releasing Cardanes LLC.
they have no problem
with that. They rejected it
because they need the
new initials of incorporation
for Cardanes LLC.
-E M Austin



CERTIFIED PUBLIC ACCOUNTANTS & FINANCIAL PLANNERS

LESLIE R. BAKER CPA
AUSTIN VEALEY CPA

Tel: (352) 369-9933
Fax: (866) 498-3838

March 12, 2019

Florida Department of State
Division of Corporations

Re: Cardanes LLC
Application

Representative,

I am the sole owner and President of the Florida Corporation Cardanes Inc. My document number is PC-000003680. I wish to form a new LLC called Cardanes LLC (application is attached). I approve the use of this name Cardanes LLC since am the owner of the company Cardanes Inc. I am writing this letter, because I know you need a signed letter releasing the use of this name to Cardanes LLC. Should you need anything else please do not hesitate to call me 352-304-9884 or my accountant at the top of this letter. I give him authority to answer any questions you may have about this LLC.

Sincerely,

Doris Cividanes-Castro
Owner/President Cardanes Inc.
Sole Member Cardanes LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cardanes LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7503 SW 97th Terr. Rd.
Ocala, FL 34481

Mailing Address:

7503 SW 97th Terr. Rd.
Ocala, FL 34481

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Doris Civdanes-Carter

Name

7503 SW 97th Terrace Road

Florida street address (P.O. Box **NOT** acceptable)

Ocala

FL

34481

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Doris Civdanes Carter

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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19 APR 22 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Doris Cividanes-Carter

7503 SW 97th Terrace Road

Ocala, FL 34481

(Use attachment if necessary)

DATE OF FILING

APRIL 15, 2019

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Doris Cividanes-Carter

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Doris Cividanes-Carter

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
19 APR 22 PM 3:50
STATE OF FLORIDA
ALLAH PAPER CO., LLC